

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003246

FILED
Apr 30, 2004
Secretary of State

Entity Name: PARADISE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2802 PARADISE LAKES ROAD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 525
VERNON, FL 32462

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ALAN H
3189 PIONEER ROAD
VERNON, FL 32462 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, ALAN H
Address: 915 DELAWARE AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MOORE, A C
Address: 3189 PIONEER ROAD
City-St-Zip: VERNON, FL 32462

Title: SD () Delete
Name: MOORE, SUZANNE
Address: 3415 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN H. MOORE

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date